

SPECIAL PRIVILEGE CERTIFICATE OF INSURANCE

SP# _____

(Herein called Insurance Company)

Address _____
(Including city, State, & zip code)**ISSUED TO THE CITY OF MILWAUKEE: 200 E. Wells St. Rm 105 Milwaukee, WI 53202**

The company hereby certifies that it has issued to:

Name _____

Address _____
(Include City, State & Zip)

a general liability policy No. _____ effective _____, 20____,
 expires _____, 20____, providing for limits of not less than \$25,000
 per person, \$50,000 per accident, bodily injury liability, and \$10,000 for property damage;
 provided, however, that the insurance afforded is subject to the terms, conditions,
 limitations, and exclusions of the policy. The City of Milwaukee must be named as additional
 insured.

Said policy provides that notwithstanding any other provision therein, thirty days' written
 notice of cancellation, material change, expiration, or intent not to renew will be given to
 the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder
 shall remain in full force and effect.

Dated this _____ day of _____, 20____. Signed _____
 *(Must match date notarized below.) Authorized Representative

AFFIDAVIT

STATE OF WISCONSIN)

) ss

_____ County)

_____, being first duly sworn, on oath deposes and says that
 he/she is the agent of the _____, insurer
 (Insurance Company)
 on the attached certificate issued to _____
 (Insured)

Affiant further deposes and says that no officer, official or employee of the City of
 Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission,
 fee, or other thing of value on account of the sale or furnishing of said policy.

*Subscribed and sworn to before me this _____ Signed _____
 _____ day of _____, 20____ Authorized Representative

Notary Public, State of Wisconsin

My Commission expires _____ Notary Seal must be affixed.